

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-018896

STATE FILE NUMBER

Registration District No. 375 Primary Registration District No. 6281 Registrar's No. 10

DO NOT WRITE
ON THIS STUB

AMENDED

FILED MAY 6 1963

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Manes (Van Buren Township)</u>		c. CITY OR TOWN <u>Manes</u>	
Length of stay in 1b <u>Life</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Manes - Rural Route</u>		d. STREET ADDRESS (If outside, give location) <u>Manes - Rural Route</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>TILDEN</u>			4. DATE OF DEATH Month <u>April</u> Day <u>25</u> Year <u>1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday) <u>86 Years</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and state or country) <u>Phelps County, Mo</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>		

13a. FATHER'S NAME <u>Arnon Mings</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Charles</u>		14. NAME OF HUSBAND OR WIFE <u>Neal Mings (Deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs Lillie Carder - Mtn. Grove, Missouri</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) <u>Hypertension Arteriosclerosis</u> DUE TO (c) <u>Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1955</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>5:35</u> a.m. Month, Day, Year <u>4-25-63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Wright County, Missouri</u>		

21. I attended the deceased from <u>1955</u> to <u>4-25-63</u> and last saw him alive on <u>4-24-63</u> Death occurred at <u>5:35 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>Dr. Louis M. D.</u>	(Degree or title)	22b. ADDRESS <u>1114 Grand Ave.</u>	22c. DATE SIGNED <u>4-29-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/28/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Green Mountain Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Wright County, Missouri</u>
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24. FUNERAL DIRECTOR <u>Barber Funeral Home - Mtn. Grove, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>May 2, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Bonnie J. Jones</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 1140

2 1140

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9 420.1

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12 90-0

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MAY 9 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Bob Davis, Student Embalmer No. 678
working under my personal supervision.

Student Bob Davis
Signature of Student Embalmer

Signed

Licensed Embalmer No.

3161

P. O. Address

Mt. Zion, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.